

Do you want net receipt? YES *pk.*

FORM: 2708 (Rev. 4/79)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
DISBURSEMENT OR REFUND REQUEST

Cell Location SH429

NAME: FEB 24 2003 J. L. KRAM

DATE: 2/13 03

CODE

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INMATE'S NUMBER

9	2	4	2	5	8	1
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SHORT NAME

J.	L.	K.	A.	M.
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CHECK / ORDER NUMBER

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RIGHT ADJUSTED WITH LEADING ZEROS

AMOUNT \$

* Please discount

FIRST INITIAL
FIRST (3) OF LAST NAME

MISSARY PRODUCT GROUP ☐

SEND TO CODE

☐

ITEM(S) DESCRIPTION(S):

7001 0360 0001 9338 8173

Return receipt requested.

SEND TO or

Box 4F

AMOUNT \$

I HEREBY ACKNOWLEDGE EXPENDITURE OF
THE AMOUNT TO BE DEDUCTED FROM MY
INMATE ACCOUNT

* APPROVED:

JDH sf

(Date)

APPROVED:

(Business Officer)

(Date)

Inmate's Signature



CERTIFICATE OF MAILING

I hereby certify that this correspondence and attachments, if any, will be deposited with the United States Postal Service by First Class Mail—certified mail, return receipt requested, postage prepaid, in an envelope addressed to "Box AF, Commissioner of Patents, U.S.P.T.O. Washington, D.C. 20231" on the date below.

Date 2/13/03

Inventor's Signature: 